Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EI	NTITY	OR	OTHER	
TC	TAL CLAIMS		_					RATE	FEE		RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			5€ minus 20=		. 36			X\$ 9=	394	OR	X\$18=	
INDEPENDENT CLAIMS			7 minus 3 =		' 4			X40=	100	OR	X80=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+135=	1	OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	839	OR	TOTAL	
CLAIMS AS AMENDED - PART II										2	OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 52	Minus	ۍ	56	=		X\$ 9=		OR	X\$18=	
	independent • 7		Minus •••		7	=\		X40=	/	OR	X80=	/
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	(	OR	+270=	/
										OR	TOTAL ADDIT, FEE	
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE												
AMENDMENT B	a	CLAIMS REMAINING AFTER AMENDMENT	٠	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MU	Minus	***	CLAIM			X40=		OR	X80=	
┞	·	INTERIOR OF MIC	JETIFLE DEF	ENDEN	CLAM		<b>'</b>	+135=		OR	+270=	
			4	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE					
		(Column 1)		(Colur	nn 2)	(Column 3)			<u>-</u>			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	in the	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		FATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=	lΓ	X\$ 9=		OR	X\$18=	<i>;</i>
	Independent	•	Minus	***	¥ <u>.</u> ,	=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											:
1 the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+270=	•
"If the entry in column 1 is less than the entry in column 2, write V in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL  ADDIT. FEE  OR  ADDIT. FEE												
	The "Highest Nun	nber Previously Pai	d For (Total o	Independ	ent) is the	highest numbe	r fou	nd in the app	ropriate bo	in col	umn 1. ,	

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"U.S. GPO: 2000-450-70330 103

**Application or Docket Number**